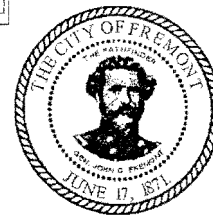


TEMPORARY / EMPLOYMENT APPLICATION

"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN; OR PHYSICAL DISABILITIES."



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

APPLICANT NAME: _____ DATE: _____
LAST FIRST MIDDLE
ADDRESS: _____
STREET CITY STATE ZIP
TELEPHONE #: _____ SOCIAL SECURITY #: _____
HOW WERE YOU REFERRED TO US? _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR OR TYPE OF WORK DESIRED: _____
TYPE OF EMPLOYMENT DESIRED: _____ FULL-TIME _____ PART-TIME _____ TEMPORARY
DATE YOU WILL BE AVAILABLE TO START WORK: _____ SALARY DESIRED: _____
HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY OUR ORGANIZATION? _____ YES _____ NO
ARE YOU EMPLOYED NOW: _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER: _____
DRIVERS LICENSE NUMBER (IF DRIVING IS AN ESSENTIAL JOB DUTY): _____ STATE: _____

EDUCATIONAL HISTORY

LIST SCHOOL NAME AND LOCATION, YEARS ATTENDED, COURSE OF STUDY, AND ANY DEGREES EARNED:

HIGH SCHOOL: _____
SCHOOL NAME LOCATION YRS ATTENDED COURSE OF STUDY DEGREE
COLLEGE: _____
SCHOOL NAME LOCATION YRS ATTENDED COURSE OF STUDY DEGREE
COLLEGE: _____
SCHOOL NAME LOCATION YRS ATTENDED COURSE OF STUDY DEGREE
TRADE SCHOOL: _____
SCHOOL NAME LOCATION YRS ATTENDED COURSE OF STUDY DEGREE
OTHER: _____

OTHER SKILLS AND QUALIFICATIONS

SUMMARIZE ANY JOB-RELATED TRAINING, SKILLS, LICENSES, CERTIFICATES, AND/OR OTHER QUALIFICATIONS: _____

U.S. MILITARY OR NAVAL SERVICE: _____

(CONTINUE ON THE OTHER SIDE)

EMPLOYMENT HISTORY

PLEASE PROVIDE ALL EMPLOYMENT INFORMATION FOR YOUR PAST FOUR EMPLOYERS STARTING WITH THE MOST RECENT.

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES

NAME	ADDRESS	BUSINESS	TELEPHONE NUMBER	YEARS ACQUAINTED

NOTICE TO APPLICANTS

THE CITY OF FREMONT / DEPARTMENT OF UTILITIES REQUIRES DRUG TESTS FOR ALL CANDIDATES BEFORE THEY ARE OFFERED EMPLOYMENT. FAILURE TO PASS A DRUG TEST WILL DISQUALIFY A CANDIDATE FROM FURTHER CONSIDERATION.

APPLICATIONS WILL REMAIN IN AN ACTIVE FILE FOR A PERIOD OF UP TO 30 DAYS. APPLICANTS MUST REAPPLY FOR NEW POSITION OPENINGS. AS A TEMPORARY EMPLOYEE, THERE IS NO GUARANTEE OF HOURS.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

APPLICANT SIGNATURE: _____ DATE: _____

RETURN COMPLETED APPLICATION TO: CITY OF FREMONT, PERSONNEL OFFICE, PO BOX 1266, FREMONT, NE 68026

Print Name _____

INFORMATION SHEET FOR TEMPORARY EMPLOYEES

1. Have you been convicted of a crime within the past seven years that would reflect upon your ability to work for the City of Fremont? ____yes ____no
If "yes" please explain _____
2. Do you have a valid driver's license? ____yes ____no Driver's license # _____
3. Are you a citizen of the United States? ____yes ____no
4. Are you 18 years old or above? ____yes ____no
5. City employees cannot smoke except during their noon lunch and designated breaks. Do you agree to this policy? ____yes ____no
6. Please identify any family members working within the City/Department of Utilities? _____

7. If applying for a laborer position, please indicate whether or not you can perform the required job duties listed below:

	Yes	No
a. Lifting 50 pounds on a regular basis	_____	_____
b. Lifting 100 pounds on an occasional basis	_____	_____
c. Operating a tractor as required	_____	_____
d. Driving a pickup as required	_____	_____
e. Following verbal instructions	_____	_____
f. Reading written instructions	_____	_____
g. Shoveling concrete in 10 minute intervals for up to one hour	_____	_____
h. Ability to mow grass and weeds on a regular basis	_____	_____
i. Ability to hear a radio in presence of background noise	_____	_____
j. Working in dust for extended periods of time	_____	_____
k. Working in temperature extremes (hot and cold)	_____	_____

8. If applying for a clerical or non-laborer position, please indicate whether or not you can perform the required job duties listed below

	Yes	No
a. Ability to follow verbal instructions	_____	_____
b. Ability to read and interpret written instructions including computer software manuals	_____	_____
c. Using alpha/numeric keyboard for up to eight hours	_____	_____
d. Ability to lift up to 25 pounds on an occasional basis	_____	_____
e. Ability to converse with citizens and department personnel on a regular basis in the presence of background noise	_____	_____
f. Sitting at a desk for up to two hours without a break	_____	_____
g. Ability to maintain effective interpersonal relations when stressed	_____	_____

Are there any accommodations you would need to perform the above job duties? _____

If "yes" please list the accommodations: _____

I certify that my answers to the above questions are true and correct to the best of my knowledge, I understand that any misrepresentation or omission of facts is cause for refusal to hire or dismissal. I authorize the City's representatives to check with law enforcement agencies, the Department of Motor Vehicles, co-workers, prior employers and any other personnel to verify this information. I hold the City and its agents harmless for its actions during the selection process. I hold harmless all past employers and their agents for information they release.

Signature

Date